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## BIB DATA SHEET

CONFIRMATION NO. 5223

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO.        |
|---------------|--------------------------|-------|----------------|-------------------------------|
| 10/828,469    | 04/21/2004<br>RULE       | 606   | 3773           | 100873-273<br>(END6430USCNT8) |

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/859,579 05/18/2001 PAT 6,821,285  
 which is a CIP of 09/574,424 05/19/2000 PAT 6,494,888  
 which is a CIP of 09/520,273 03/07/2000 PAT 6,663,639  
 and is a CIP of 09/519,945 03/07/2000 PAT 6,506,196  
 which claims benefit of 60/140,492 06/22/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 07/01/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---------------------------------------------------------------------|----------------------------------------------|------------------|--------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initials                                     | CA               | 48     | 147          | 20                 |

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**TITLE**

Tissue reconfiguration

|                                    |                                                                                                                   |                                                              |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>2859 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |                                                                                                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |                                                                                                                   | <input type="checkbox"/> Other _____                         |
|                                    |                                                                                                                   | <input type="checkbox"/> Credit                              |